

1. CIR./DIST./DIV CODE  
FLM

2. PERSON REPRESENTED  
Ballut, Ghassan Zayed

VOUCHER NUMBER  
TPA 2103-286-08

3. MAG. DKT./DEF. NUMBER

4. DIST. DKT./DEF. NUMBER  
8:03-000077-007

5. APPEALS DKT./DEF. NUMBER

6. OTHER DKT. NUMBER

7. IN CASE/MATTER OF (Case Name)  
USA v Al-Arian, et al

8. PAYMENT CATEGORY  
Felony

9. TYPE PERSON REPRESENTED  
Adult Defendant

10. REPRESENTATION TYPE  
(See Instructions)  
Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.  
1) 18 1962-3300.F -- RICO - INTERSTATE COMMERCE

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

## 12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service, Estimated Compensation: \$ OR
- ☒ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney

☒ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

5720 Central Ave.  
St. Petersburg, FL 33707

## 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

Paralegal Services

## 15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted

by order (#207) by JSM jo  
7-2-3

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization

☐ YES ☐ NO

Telephone Number: 727-344-1111

## 14. TYPE OF SERVICE PROVIDER

- 01 ☐ Investigator 20 ☐ Legal Analyst/Consultant
- 02 ☐ Interpreter/Translator 21 ☐ Jury Consultant
- 03 ☐ Psychologist 22 ☐ Nurse/Paramedic
- 04 ☐ Psychiatrist 23 ☐ Duplication of Records (See instructions)
- 05 ☐ Polygraph Examiner 24 ☐ Other (specify)
- 06 ☐ Documents Examiner
- 07 ☐ Fingerprint Analyst
- 08 ☐ Accountant
- 09 ☐ CALR (Westlaw/Casepoint)
- 10 ☐ Chemist/Toxicologist
- 11 ☐ Ballistics Expert
- 13 ☐ Weapons/Firearms/Explosive Expert
- 14 ☐ Pathologist/Medical Examiner
- 15 ☐ Other Medical Expert
- 16 ☐ Voice/Audio Analyst
- 17 ☐ Hair/Fiber Expert
- 18 ☐ Computer (Hardware/Software/Systems)
- 19 ☒ Paralegal Services

CJA PAYMENT RECORD

DATE

BY

ENTERED 4-7-4

CERTIFIED 4-15-4

VERIFIED 4-15-4

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

## 16. SERVICES AND EXPENSES

(Attach itemization of services and expenses with dates)

- a Compensation @ 25/hr 40.80
- b Travel Expenses (lodging, parking, meals, mileage, etc) 0
- c Other Expenses 0

## AMOUNT CLAIMED

1020.00

0

0

1020.00

## MATH/TECHNICAL ADJUSTED AMOUNT

40.80 x 43 =

## ADDITIONAL REVIEW

27.2

## GRAND TOTALS (CLAIMED AND ADJUSTED)

1020.00

680.00

(w/h 340.00)

## 17. PAYEE'S NAME (First Name, MI, Last Name, including any suffix) and MAILING ADDRESS

Brooke V. ENington

1743 Audrey Dr.  
Clearwater, FL 33759

TIN: on file

Telephone Number: 727-723-1749

TO 3/19/04

## CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM

CLAIM STATUS

☐ Final☒ Interim Payment Number

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services

Signature of Claimant/Payee

Date

## 18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case

Signature of Attorney

Date

## APPROVED FOR PAYMENT - COURT USE ONLY

## 19. TOTAL COMPENSATION

1020.00

## 20. TRAVEL EXPENSES

(-340.00 w/h)

## 21. OTHER EXPENSES

=

## 22. TOT. AMT APPROVED/CERTIFIED

680.00

23. ☒ Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained☐ Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300

Signature of Presiding Judicial Officer

Date

Judge/Mag Judge Code

## 24. TOTAL COMPENSATION

## 25. TRAVEL EXPENSES

## 26. OTHER EXPENSES

## 27. TOTAL AMOUNT APPROVED

## 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code

FILE COPY

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